

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: Cache Housing Authority PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard PHA Fiscal Year Beginning: (MM/YYYY): 07/2010 PHA Code: OK026 <input type="checkbox"/> HCV (Section 8)				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 36 Number of HCV units: _____				
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program PH      HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  To promote adequate and affordable housing and a suitable living environment free from discrimination.				
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.  1. Improve the quality of assisted housing by: a. Focus modernization activities toward decreasing utility consumption and expense to residents and the Authority b. Making opportunities available to staff to acquire training through industry sources 2. Improve community quality of life by: a. Providing resident notification of specific programs and activities that focus on improving the living environment through the use of newsletters and postings. 3. Ensure Equal Opportunity in housing for all Americans by: a. Performing annual quality control procedures to ensure equal treatment of all applicants and participants				
<b>6.0</b>	<b>PHA Plan Update</b>  (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: 1. Procurement Policy was amended to incorporate ARRA rules  (b) Copies of the 5-Year Plan and Annual PHA Plan will be available for review in the Authority office located at 111 S. 7 <sup>th</sup> , Cache, OK during office hours of Tuesday and Wednesday 9:00 am to 3:00 pm.				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> N/A				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.				
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.				
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				

9.0	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.			
	<b>Housing Needs of Families on the PHA's Waiting Lists</b>			
		# of families	% of total families	Annual Turnover
	Waiting list total	47		
	Extremely low income <=30% AMI	32	68%	
	Very low income >30% but <=50% AMI	10	21%	
	Low income >50% but <80% AMI	3	.06%	
	Families with children	12	25%	
	Elderly families	3	.06%	
	Families with Disabilities	6	12%	
	Race/ethnicity White	35	74%	
	Race/ethnicity Black	2	.04%	
	Race/ethnicity Indian	7	.14%	
	Race/ethnicity Asian	1	.02%	
	Characteristics by Bedroom Size (Public Housing Only)			
	1BR	15	31%	3
	2 BR	22	46%	1
3 BR	10	21%	0	

9.1	<b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b>  <b>Need 1: Shortage of affordable housing for all eligible populations</b> <b>a. Maximize the number of affordable units available to the PHA within its current resources by:</b> Employing effective maintenance and management policies to minimize the number of public housing units off-line, Reduce turnover time for vacated public housing units
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10.0	<b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.  (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. <ol style="list-style-type: none"> <li>1. Improve the Quality of Assisted Housing:             <ol style="list-style-type: none"> <li>a. have replaced outdated heating units with new energy efficient units in all 36 apartments.</li> </ol> </li> <li>2. Improve community quality of life by implementing measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:             <ol style="list-style-type: none"> <li>a. have maintained housing units and grounds at such level that attracts higher income households and keeps them staying in units</li> </ol> </li> </ol> (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" <ol style="list-style-type: none"> <li>1. <b>Substantial Deviation from the 5-Year Plan</b>            Defined as discretionary changes in plans or policies of the Agency that fundamentally change the mission, goals and objectives of the Agency</li> <li>2. <b>Significant Amendment to the Annual Plan</b>            Defined as a discretionary decision to undertake work items previously not included and falling outside the provisions of HUD regulations regarding alterations to said plan, in the Agency's approved 5 Year Plan</li> </ol>
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11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> <li>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ul>
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Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Cache HA		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P02650110 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:      )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	4835.00			
3	1408 Management Improvements	2500.00			
4	1410 Administration (may not exceed 10% of line 21)	1200.00			
5	1411 Audit	1500.00			
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	38315.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.


<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:           )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	48350.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date 04/14/2010</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

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[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**Capital Fund Program—Five-Year Action Plan**

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing  
Expires 4/30/2011**PART I: SUMMARY**

PHA Name/Number <b>Cache Housing OK026</b>			Locality : <b>Cache, Comanche County, OK</b>		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b>	<input type="checkbox"/> <b>Revision No:</b>
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
<b>B</b>	Physical Improvements Subtotal	Annual Statement	37315.00	38315.00	37315.00	38315.00
C.	Management Improvements		2500.00	2500.00	2500.00	2500.00
D.	PHA-Wide Non-dwelling Structures and Equipment		1000.00		1000.00	
<b>E</b>	<b>ADMINISTRATION</b>		1200.00	1200.00	1200.00	1200.00
F.	Other		1500.00	1500.00	1500.00	1500.00
G.	Operations		4835.00	4835.00	4835.00	4835.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		48350.00	48350.00	48350.00	48350.00
L.	Total Non-CFP Funds					
M.	Grand Total		48350.00	48350.00	48350.00	48350.00



Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011			Work Statement for Year: 3 FFY 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE						
ANNUAL						
Statement				Bathtubs/showers	36	14500.00
	Roofing	5 duplexes	23815.00	Flooring	9	13500.00
	Flooring	7	13500.00	Roofing	2 duplexes	10315.00
	Subtotal of Estimated Cost		\$ 37315.00	Subtotal of Estimated Cost		\$ 38315.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2010	Work Statement for Year 4 FFY 2013			Work Statement for Year: 5 FFY 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE						
ANNUAL						
Statement	Sidewalk Repairs		5000.00			
	Appliance Replacement	12	5000.00	Carports	7	17685.00
	Kitchen Cabinets	36 units	27315.00	Roofing	4 duplexes	20630.00
	Subtotal of Estimated Cost		\$ 37315.00	Subtotal of Estimated Cost		\$ 38315.00

**Part III: Supporting Pages – Management Needs Work Statement(s)**

Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011		Work Statement for Year: 3 FFY 2012	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE				
ANNUAL				
Statement			Clerk of Works	1200.00
	Clerk of Works	1200.00	Audit	1500.00
	Audit	1500.00	Operations	4835.00
	Operations	4835.00	Nat'l, SW & OK NAHRO conferences	2500.00
	Replace computer	1000.00		
	Nat'l, SW & OK NAHRO conferences	2500.00		
	Subtotal of Estimated Cost	\$11035.00	Subtotal of Estimated Cost	\$10035.00

### Part III: Supporting Pages – Management Needs Work Statement(s)

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<b>Part I: Summary</b>					
<b>PHA Name:</b> Cache Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P02650109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	4150.00		0	0
3	1408 Management Improvements	5000.00		0	0
4	1410 Administration (may not exceed 10% of line 21)	1200.00		0	0
5	1411 Audit	1500.00		0	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	1500.00		0	0
10	1460 Dwelling Structures	13400.00		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	21600.00		0	0
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.


<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:        ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
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24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date 12/31/2009</b>		<b>Signature of Public Housing Director</b> _____ <b>Date</b> _____	

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Part II: Supporting Pages									
PHA Name: Cache Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P02650109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories		Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Operations	A3	1406	1	4150.00		0	0	0
HA Wide	Training	A9	1408	5	5000.00		0	0	0
HA Wide	Clerks Staff Administra	B3	1410	1	1200.00		0	0	0
HA Wide	Audit	A2	1411	1	1500.00		0	0	0
OK026001	Security Cameras/Lights	B3	1450	12	600.00		0	0	0
OK026002	Security Cameras/Lights	B3	1450	16	900.00		0	0	0
OK026001	Bathtubs/Showers	C3	1460	8	3000.00		0	0	0
OK026002	Bathtubs/Showers	C3	1460	10	3200.00		0	0	0
OK026001	Interior Lighting	B3	1460	16	1200.00		0	0	0
OK0926002	Interior Lighting	B3	1460	20	1500.00		0	0	0
OK026001	Bath Floor Tiles	C3	1460	4	2000.00		0	0	0
OK026002	Bath Floor Tiles	C3	1460	5	2500.00		0	0	0
OK026001	Ceiling Fans	B3	1465	32	1600.00		0	0	0
OK026002	Ceiling Fans	B3	1465	40	2000.00		0	0	0
OK026001	Refrigerators	B3	1465	16	8000.00		0	0	0
OK926002	Refrigerators	B3	1465	20	10000.00		0	0	0

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<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	61,399.00		61,399.00	38,754.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
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16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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<b>Part I: Summary</b>					
<b>PHA Name:</b> <b>Cache Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56S02650109 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:        ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>	
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	61,399.00		61,399.00	38,754.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date 12/31/2009</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

[illegible]

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
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**Expires 4/30/2011**

[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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 Office of Public and Indian Housing  
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 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Cache Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P02650108 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:</b> 2008 <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	4195.00	0	0	0
3	1408 Management Improvements	5000.00	0	0	0
4	1410 Administration (may not exceed 10% of line 21)	1200.00	1200.00	200.00	200.00
5	1411 Audit	1500.00	1500.00	1500.00	1500.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	0	29152.00	29152.00	29152.00
10	1460 Dwelling Structures	36611.00	12894.10	8188.07	8188.07
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	0	2513.90	2513.90	2513.90
13	1475 Non-dwelling Equipment	0	1246.00	847.00	847.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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<b>Part I: Summary</b>					
<b>PHA Name:</b> <b>Cache Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P02650108 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2008</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	48506.00	48506.00	42400.97	42400.97
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date 12/31/2009</b>		<b>Signature of Public Housing Director</b> _____ <b>Date</b> _____	

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<b>Part II: Supporting Pages</b>								
PHA Name: Cache Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P02650108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2008</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Operations	1406	1	4195.00	0	0	0	0
HA Wide	Training	1408	4	5000.00	0	0	0	0
HA Wide	Clerk Works Staff	1410	1	1200.00	1200.00	200.00	200.00	16%
HA Wide	Audit	1411	1	1500.00	1500.00	1500.00	1500.00	100%
OK02601	Bathtubs/Shower	1460	16	10349.00	0	0	0	0
OK02601	Hot Water Heaters	1460	4	6500.00	3692.74	3692.74	3692.74	100%
OK02601	Kitchen Cabinets	1460	16	8213.00	0	0	0	0
OK02602	Kitchen Cabinets	1460	20	11549.00	0	0	0	0
OK02602	Gas Line Replacement	1450	1	0	650.00	650.00	650.00	100%
OK02602	Retaining Walls/Lawn Buildup/Sod	1450	2	0	23642.00	23642.00	23642.00	100%
OK02602	Sprinkler System	1450	1	0	4860.00	4860.00	4860.00	100%
OK02602	Flooring	1460	1	0	2735.55	2735.55	2735.55	100%
HA Wide	Security Lighting	1460	18	0	1759.78	1759.78	1759.78	100%
OK02601	Office Air Conditioning	1470	1	0	2513.90	2513.90	2513.90	100%
OK02601	Stove	1475	1	0	399.00	0	0	0
OK02602	Refrigerators	1475	2	0	847.00	847.00	847.00	100%
OK02601	Heaters	1460	3	0	4706.03	0	0	0

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<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.